MILITARY HEALTH SYSTEM MEDICAL FACILITIES LIFE CYCLE MANAGEMENT

STRATEGIC PLAN

Prepared by:
TRICARE Management Activity
U.S. Army Medical Command
U.S. Navy Bureau of Medicine and Surgery
U.S. Air Force Medical Service

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I. OVERVIEW

Facilities provide the physical environment for the Military Health System (MHS) to perform its readiness, patient care, training, and research and support missions. Located throughout the world, MHS facilities represent the largest single capital asset and productivity multiplier in the Defense Health Program. Facilities not only support the missions of the MHS, but also symbolize the commitment of the Department of Defense (DoD) to provide a high quality of life for active duty members, their families, retirees, and other eligible beneficiaries.

This strategic plan offers a comprehensive approach to the many issues surrounding the acquisition, sustainment, restoration, and modernization of the full range of MHS facilities. It focuses on both medical military construction (MILCON) and well as the operations and maintenance (O&M) funds needed to build facilities and sustain them throughout their useful life. The plan provides a road map to maximizing the utilization of resources while supporting ever-changing missions, technology, health care delivery, and business practices.

II. VISION

MHS facilities available when and where needed with capabilities necessary to effectively and efficiently support Department of Defense missions.

III. MISSION

Develop, provide, operate and sustain state-of-the-art MHS facilities and infrastructure during both peace and conflict using facility life cycle management (FLCM) principles.

IV. GUIDING PRINCIPLES

The MHS is dedicated to providing facilities consistent with the following guiding principles:

- High quality care, training, and research and development require appropriately constructed, sustained, and modernized physical environments.

- MHS facilities are elements of integrated systems supporting the defense mission.

- MHS missions are dynamic and require flexibility to reflect changing practices.

- Tricare Management Activity (TMA) and the military Services shall establish and use the Health Facility Steering Committee (HFSC) to address issues related to facilities.

- The HFSC shall report periodically to the Medical Facilities Life Cycle Management Oversight Committee.

- MHS facility planning is predicated upon rigorous analysis and open to the broadest range of alternatives to include other Federal agencies.

- All contributors respect cultural differences among the military Services and maintain a working environment that is cooperative and collaborative.

- TMA is the accountable steward of the Department's MHS facilities resources.

V. GOALS AND OBJECTIVES

GOAL 1. RIGHT FACILITIES.

Locate, size, and configure facilities and associated infrastructure, based on readiness requirements and business case justification, to support the MHS.

A. Ensure the MILCON and sustainment, restoration, and modernization (SRM) prioritization process supports MHS mission requirements.
   1. Identify MHS mission requirements.
   2. Evaluate prioritization methodology

B. Ensure MILCON facility planning considers sharing possibilities with other healthcare resources.
   1. Establish direct liaison with representatives of non-DoD federal agencies.
   2. Invite Department of Veterans Affairs (DVA) and other non-DoD federal agencies to participate in the HFSC.

C. Develop consistent MILCON facility master planning methods within the MHS.
   1. Ensure consistent economic analysis of alternatives.
   2. Develop MHS Statement of Work templates to be utilized for the various elements of contractor performed MILCON facility planning (e.g. Health Care Requirements Analyses, Deficiency Tabulations, Facility Utilization Studies, Economic Analyses, Project Books).
   3. Ensure facility inventory data (owned and leased) is recorded and utilized consistently within the MHS.

D. Refine facility space planning criteria for MHS facilities.
   1. Ensure consistency within the MHS.
   2. Develop standards and guidelines for major repair and modernization efforts funded through restoration and modernization (R&M) funding.

E. Enhance the flexibility and responsiveness of medical facilities acquisition processes and still meet mandated congressional and DoD requirements and milestones.
   1. Increase the number of projects under planning and design.
   2. Explore alternative methods of acquisition (e.g. design/build, site-adapt, host-nation, lease buyout).
   3. Work to streamline the DoD medical facilities acquisition process.

F. Ensure medical facility planning and design processes specifically address lifecycle management considerations.
   1. Ensure adequate project pre-planning.
   2. Consider impact to project cost during the site selection process.
   3. Ensure site locations and footprints accommodate future exterior expansion and anti-terrorism standards.
   4. Ensure facility layouts consider optimal utilization of staff.
   5. Ensure room configurations (dimensions, utilities, etc) permit expedient accommodation to mission changes with minimal cost/time impact.
   6. Include energy conservation and environmentally compliant features.
   7. Incorporate user-friendly patient flow.
   8. Consider Anti-Terrorism/Force Protection (AT/FP) and Nuclear, Biological, Chemical/Decontamination (NBC/D).

9. Consider satellite operations.
10. Improve quality of design reviews to ensure complete and accurate concept design and bid documents.

G. Establish common MHS FLCM definitions and standards.
   1. Ensure facility condition definitions, assessments, and products are consistent within the MHS. (Facility Condition Index, backlog, Plant Replacement Value, etc)
   2. Establish a TMA integrated FLCM organization.

H. Conduct post occupancy evaluations, catalog results, and incorporate those results in future planning, design and construction.
   1. Develop post occupancy metrics.
   2. Score project performance.
   3. Provide feedback.

Each objective supports Goal 1 in the following ways:

	Objective	Locate	Size	Con-figure
A	Ensure the MILCON and SRM prioritization process supports MHS mission requirements	D	D	I
B	Ensure MILCON facility planning considers sharing possibilities with other healthcare resources	D	D	D
C	Develop consistent MILCON facility master planning methods within the MHS	D	D	I
D	Refine facility space planning criteria for MHS facilities		D	
E	Enhance the flexibility and responsiveness of medical facilities acquisition processes and still meet mandated congressional and DoD requirements and milestones	D		
F	Ensure medical facility planning and design processes specifically address lifecycle management considerations	D		D
G	Establish common MHS FLCM definitions and standards	D	D	D
H	Conduct post occupancy evaluations, catalog results, and incorporate those results in future planning, design and construction	D	D	D

Legend
D = Direct impact
I = Indirect impact

GOAL 2. RIGHT QUALITY

Acquire, operate, sustain, restore, and modernize facilities and infrastructure to provide safe, healthful, responsive, cost-effective, efficient, and flexible environments.

A. Identify and maintain right criteria.

1. Correctly identify the right capabilities needed for the end-state facility.
2. Maintain published standards based on lessons learned, current practices and predicted trends in healthcare design, construction and management.

B. Identify "true" operating costs and an associated programming model.

1. Clarify and track valid "operating" costs that are directly related to facility maintenance and services.
2. Develop programming models for the MHS to correctly capture the necessary resources to operate.
3. Manage operating costs with the objective to reduce/limit costs.

C. Establish standard facility condition assessments.

1. Define and determine the condition of a given facility and its components based on established standards for the MHS.
2. Use facility condition assessments to measure/compare similar facilities to assist in prioritization of funding.
3. Establish a frequency for assessments that enables the predictability and tracking of future sustainment requirements.

D. Practice Facility Life Cycle Management (FLCM).

1. Improve construction management and oversight.
2. Expand the scope of facility management to encompass all aspects from planning an initial facility through its replacement at the end of its life cycle.
3. Include commissioning, transition, outfitting.
4. Renew the facility and replace major components consistent with estimated life expectancies.

E. Establish common maintenance baseline standards.

1. Establish performance standards for MHS sustainment, based on the type of facility and the systems involved to effectively sustain the asset.
2. Publish standards to ensure widest possible dissemination.

F. Establish a baseline for management infrastructure.

1. Enhance the management infrastructure at all levels to support the MHS mission to provide "state-of-the-art" facilities.
2. Adjust roles and responsibilities of all TMA and Services as appropriate.

G. Establish commissioning programs.

1. Identify commissioning programs and procedures using proven approaches.
2. Implement commissioning so that installed systems meet user needs and operate within established parameters and can be maintained cost effectively.

H. Develop facility programs that support energy conservation and compliance with environmental regulations.
   1. Develop programs to aid in creating and operating an energy-saving, environmentally friendly facility.
   2. Develop incentives to operate an energy-saving, environmentally friendly facility.

I. Streamline the DoD medical acquisition process.
   1. Develop policies and procedures to reduce the time between identifying a valid requirement and providing the solution.
   2. Focus those policies on the concept of new work and not the dollar value of new work.

J. Relieve limiting legislation in the DoD medical acquisition process.
   1. Pursue Congressional support to change legislation that limits execution of large cost-effective projects that improve the quality and reliability of facilities.
   2. Identify other potential legislative or procedural impediments.

Each objective supports Goal 2 in the following ways:

	Objective	Acquire	Operate	Sustain	Restore	Modernize
A	Identify and maintain right criteria	D	I	I		
B	Identify true operating costs and an associated programming model		D	I		
C	Establish standard facility condition assessments	I		I	D	D
D	Practice FLCM	D	D	D	D	D
E	Establish common maintenance baseline standards		I	D	D	I
F	Establish a baseline for management infrastructure	D	D	D	D	D
G	Establish commissioning programs	D		D		
H	Develop energy conservation and environmental programs		D		D	D
I	Streamline the DoD medical acquisition process				D	D
J	Relieve limiting legislation in the DoD medical acquisition process	D			D	D

Legend
D = Direct impact
I = Indirect impact

GOAL 3. RIGHT RESOURCING.

Achieve equilibrium between requirements and funding to provide modern, efficient and cost-effective MHS facilities and infrastructure.

A. Collaborate with DoD working groups to develop and refine medical resourcing requirements models.
   1. Implement and refine DoD Facility Sustainment Model (FSM).
   2. Develop MHS Restoration and Modernization (R&M) Model in concert with existing DoD models and ensure synchronization between them.
   3. Incorporate knowledge gained from MHS R&M Model into the DoD R&M model.
   4. Ensure DoD R&M model accounts for MHS unique aspects and addresses both MILCON and O&M as distinct appropriations.

B. Participate in DoD working groups to improve current inventory reporting.
   1. Improve accuracy, uniformity, and functionality of inventory database.
   2. Improve standard MHS inventory categories reported annually to Congress.
   3. Ensure any future DoD Real Property Database supports MHS unique aspects.
   4. Develop standard inventory filters for aspects of reported inventory unique to the MHS.
   5. Define replacement value and appropriate associated assets of the MHS.

6. Apply statistical methods such as sampling techniques and confidence intervals to data.

C. Assess future inventory

1. Incorporate real property projections into all affected appropriations across FYDP to account for anticipated additions, demolitions, transfers, excesses, and closures.
2. Include leased facilities as part of the inventory.

D. Analyze and improve FLCM management processes and structures.

1. Improve construction management and oversight.
2. Define roles and responsibilities with respect to FLCM at each level (TMA, Service HQs, Intermediate Commands, Lead Agents, Regional Directors, and MTFs).
3. Identify unique processes at each level.
4. Analyze/improve organizational structures at each level.

E. Pursue opportunities to minimize resource requirements.

1. Reduce project cost growth through processes such as ensuring proper design, controlling scope growth, and limiting change orders.
2. Value engineer the Mil Handbook 1191 and Space Planning Criteria.
3. Reduce excess facility inventory.
4. Capitalize on joint-use facilities with other Services and federal agencies.

F. Establish process for MHS leadership to assess full impact of programmatic resourcing decisions.
   1. Describe impact in terms of change to a facility metric(s) such as condition, percentage of inventory 50-years or older (or 65 years), unfunded requirements, etc.
   2. Integrate metrics into requirements model.
   3. Institute regular and formal communications with senior leadership.
   4. Provide annual FLCM guidance for medical facility resourcing (e.g. minimum SRM execution levels).
   5. Require Services to report the impact to their inventory of their funding decisions.

G. Refine requirements-based allocation processes for MILCON and SRM.
   1. TMA refine mid and long term MHS facilities guidance to the Services.
   2. Utilize HFSC to conduct biannual review of Services mid and long term FLCM strategies.
   3. Develop allocation methodology, associated tools, and prioritization of resources.

H. Improve tools and training for resource identification, allocation, prioritization, and execution.
   1. Improve condition assessment of Service inventories.
   2. Evaluate and develop other tools and associated training programs.
   3. Fully fund deployment and support of DMLSS-FM.
   4. Adequately fund project pre-planning.

I. Seek full funding of requirements:

1. Tools and training.
2. Planning studies.
3. Planning and design.
4. Commissioning.
5. MILCON.
6. Collateral equipment.
7. SRM.
8. Excessing and demolition of facilities.

Each objective supports Goal 3 in the following ways:

	Objective	Determine Requirements	Establish Program Funding Levels	Execute Program
A	Collaborate w/ DoD working groups to develop requirements models	D	I	
B	Participate in DoD working groups to improve inventory reporting	D		
C	Assess future inventory	D		
D	Analyze and improve FLCM management processes and structures	I	I	D
E	Pursue opportunities to minimize resource requirements	D	I	
F	Establish process for leadership to assess impact of funding level decisions		D	
G	Refine requirements based allocation processes for MILCON and SRM		D	D
H	Improve tools and training for resource identification, allocation, prioritization, and execution	I	D	D
I	Fully fund FLCM	I	I	D

Legend
D = Direct impact
I = Indirect impact

CHARTER OF THE HEALTH FACILITIES STEERING COMMITTEE

1. PURPOSE: This charter establishes the Health Facilities Steering Committee (HFSC) to serve as the working body for Military Health System (MHS) facility-related policy development, program analysis and advocacy, issue resolution, and TMA/Service coordination and collaboration. The HFSC will review facility issues; make recommendations; and take appropriate action on the broad spectrum of issues relating to facility acquisition and maintenance. The HFSC shall address, but not be limited to, the following:

- Review, update, and execute the provisions of the MHS facilities life cycle management strategic plan.
- Continually assess and proactively respond to anticipated changes in the healthcare environment
- Review and establish priorities for committee and subcommittee action
- Monitor and evaluate progress of HFSC permanent and temporary subcommittees
- Establish additional permanent and temporary subcommittees for specific subject areas as may be deemed appropriate
- Ensure medical policy and criteria are updated on a recurring basis
- Review planning, programming, design, construction, and operation and maintenance policies, procedures and criteria and take action or make appropriate recommendations for continuous improvement
- Investigate, develop and recommend specific actions leading to improved standardized tools and processes
- Prepare a briefing, at least annually, to the Resource Management Steering Committee on status of the MHS medical facility inventory and associated acquisition and maintenance processes and issues
- Approve and monitor metrics to evaluate effectiveness of MHS capital investment processes
- Establish liaison with other Federal agencies that have healthcare facilities or regulatory responsibilities and related organizations for the purpose of exchanging mutually beneficial information
- Undertake, or recommend to OSD components, studies or investigations of systems, methods, materials and equipment relating to medical facility acquisition or operations and maintenance
- Periodically select hospitals proposed by the Military Departments and other Federal agencies for on-site, post-occupancy evaluation

2. MEMBERSHIP: The HFSC is a working body intended as a forum for representatives of all stakeholders in DoD medical facility acquisition and maintenance processes.

- TMA/RM – Director, Military Medical Facility Life Cycle Mangement*
- TMA/RM - Director, Defense Medical Facilities Office (DMFO) *
- TMA/RM - Director, Medical Military Construction Operations (MMCO) *
- TMA/RM – O&M Facilities Analyst *
- DoD Installations & Environment representative
- Army Medical - Director, Facilities, MEDCOM *
- Army Engineering - Chief, Defense Agencies and Support for Others Branch, USACE/(CEMP-MD) and Director, Medical Facilities Center of Expertise. (CEHNC-MX)
- Navy Medical - Chief, Health Facilities Division, BUMED-33 *
- Navy Engineering - Director, Medical Facilities Design Office, NAVFAC
- Air Force Medical - Chief, Health Facilities Division, HQ USAF/SGMF *
- Air Force Engineering - Chief, Medical Division, AFCEE/DCM
- Department of Veterans Affairs facilities representative (non-voting)
  * *Defines voting status as described in Paragraph 3 below.*

Chair of the HFSC will rotate on an annual basis among the following:

- TMA – Director, Defense Medical Facilities Office
- Army – Director, MEDCOM Facilities
- Navy – Chief, Health Facilities Division, BUMED-33
- Air Force – Chief, Health Facilities Division, HQ USAF/SGMF
- TMA – Director, Medical Military Construction Operations

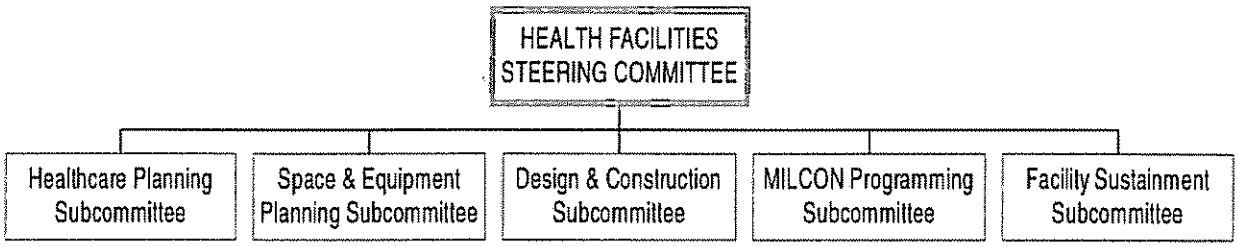
Responsibilities of the Chair will include preparing the meeting agenda, monitoring the activities of the subcommittees, recording, reviewing and distributing meeting minutes, and representing the HFSC before the Resource Management Steering Committee (RMSC). Other advisors, consultants, or contractors may be invited to attend meetings as appropriate, including additional, non-voting service representatives.

3. VOTING: The HFSC will operate on a consensus basis. If voting is required, each permanent member, or his/her representative, will have one vote. However, if the issue being voted on concerns financial resourcing related to TMA or Surgeon General prerogatives, then only the medical membership annotated above with a "*" in Paragraph 2 will vote.

4. ORGANIZATIONAL STRUCTURE: The HFSC shall sponsor the permanent sub-committees depicted in Figure 1. Other permanent or temporary sub-committees may be established at the discretion of the HFSC. Subcommittees are intended to bring TMA and Service subject matter experts together to jointly address planning, programming, design,

construction, and sustainment issues. The subcommittees serve as the instruments for policy development, program analysis, issue resolution, program coordination and increased

Figure 1



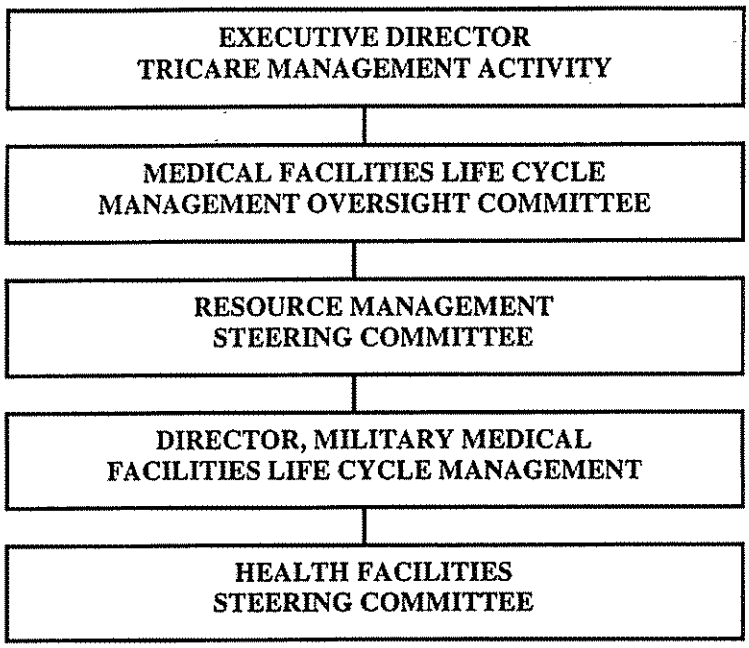
collaboration. Each subcommittee shall establish appropriate charters subject to review and approval of the full HFSC.

5. MEETINGS: Future meeting dates and primary agenda topics will be discussed at the close of each regular HFSC meeting. At a minimum, meetings will be held quarterly. Minutes will be prepared by the designated recorder, reviewed by the Chair, and approved by the Director, TMA Resource Management, prior to distribution to HFSC members. The minutes from each meeting will also be provided to the RMSC. HFSC members shall review the minutes at the beginning of the next meeting.

6. OVERSIGHT AND CONFLICT RESOLUTION: The HFSC is aligned under the Resource Management Steering Committee. The HFSC and its subcommittees will not usurp or undermine the authorities of any individual organization or agency. Although the HFSC is envisioned as a consensus body, if concerns or issues arise beyond the purview of this charter, the resolution chain is depicted in Figure 2.

Figure 2

OVERSIGHT/CONFLICT RESOLUTION CHAIN



7. DELIVERABLES: Not less than annually, the HFSC will prepare a briefing on the "State of MHS Medical Facilities" to be presented to the RMSC. This presentation will include an overview of HFSC activities and issues, including appropriate assessments and recommendations. While consensus on the briefing is the goal, provision will be made for dissenting views.

8. CHANGES AND DURATION: Changes to this charter may be made by a unanimous vote of the permanent members subject to approval of Director, TMA RM. The HFSC and its established sub-committees will serve as a standing committee under the guidelines of DoDI 6015.17 (under revision).

Approval:

Jean Storck
Director, Resource Management
TRICARE Management Activity

5/15/02
Date

CHARTER OF THE MEDICAL FACILITIES LIFE CYCLE MANAGEMENT OVERSIGHT COMMITTEE

1. **PURPOSE:** This charter establishes the Medical Facilities Life Cycle Management Oversight Committee (MFLCMOC) to provide executive level review and guidance to the Health Facility Steering Committee (HFSC) on all issues pertaining to the acquisition, sustainment, restoration, and modernization of Military Health System (MHS) facilities and related infrastructure. Specifically, the MFLCMOC shall:
   - Ensure that HFSC priorities and activities remain consistent with the mission requirements of the MHS.
   - Monitor the implementation of the Medical Facilities Life Cycle Management Strategic Plan.
   - Review metrics pertaining to the status of the MHS facility inventory and evaluate the effectiveness of capital investment processes.
   - Provide a forum to address issues related to MHS facilities.
   - Enhance awareness of the impact of high level resource decisions on the capacity of MHS facilities to meet future requirements.
   - Provide guidance on proposed joint projects with other Federal agencies.

2. **MEMBERSHIP:** The MFLCMOC shall consist of the members representing diverse entities within the TRICARE Management Activity (TMA), the Office of the Assistant Secretary of Defense for Health Affairs ((OASD(HA)), the Office of the Assistant Secretary of Defense for Acquisition, Technology and Logistics ((OASD(AT&L)), and the Department of Veterans Affairs (DVA). Specific members are identified below by position and current incumbent:
   Executive Director, TRICARE Management Activity
   Deputy Executive Director, TRICARE Management Activity
   Deputy Surgeon General of the Army
   Deputy Surgeon General of the Navy
   Deputy Surgeon General of the Air Force
   Deputy Director for Logistics, J-4 Medical Readiness, the Joint Staff
   Principal Assistant Deputy Undersecretary of Defense, Installations and Environment
   Associate Facilities Management Officer, Department of Veterans Affairs
   Chief of Staff, TRICARE Management Activity
   Director, Resource Management, TRICARE Management Activity
   Director, Information Management Technology & Requirements TRICARE Management Activity
   Director, Acquisition Management & Support, TRICARE Management Activity
   Director, Program Integration Office, TRICARE Management Activity
   Deputy Director, Operations TRICARE Management Activity
   Director, Management Control and Financial Studies TRICARE Management Activity

3. **CHAIR:** The Executive Director of TMA shall serve as the permanent chair and will ensure timely preparation and distribution of all minutes and supporting documentation.

4. **MEETINGS:** The MFLCMOC shall meet at least twice annually or at the call of the Chair.

Approval:

Thomas F. Carrato
Executive Director

4/26/02
Date

ROLES AND RESPONSIBILITIES RELATED TO MILITARY HEALTH SYSTEM FACILITY ACQUISITION AND MAINTENANCE

DRAFT
(Revised 4 January 2002)

Prepared by:

HEALTHCARE FACILITIES STEERING COMMITTEE

OVERVIEW

This document was produced by the Healthcare Facilities Steering Committee to help clarify roles and responsibilities related to MHS medical facility acquisition and maintenance. There have been changes in TMA organization, staffing, and emphasis since the creation of the Defense Medical Facilities Office in 1986. The Services and design and construction agents have similarly evolved over the last two decades. A common understanding of primary roles and responsibilities will allow all affected organizations to tailor their respective operations appropriately.

This document attempts to break down major process elements to better understand the intricate web of roles and responsibilities associated with medical Military Construction (MILCON) and Sustainment, Restoration, and Modernization (SRM) programs. However, it is recognized that each Service and affected organization is structured differently to execute their missions. Hence, the level of detail for primary roles and responsibilities is broken down only to the primary organization level, as follows:

- ***TMA*** - Tricare Management Activity
- ***Agent*** - Design/Construction Agent (Army Corps of Engineers, Naval Facilities Engineering Command, or US Air Force)
- ***Service*** - Using Service (US Army, US Navy, or US Air Force)

It is the prerogative and responsibility of each of the above to organize internally as best suits their respective organizations and cultures.

This document normally identifies a single "primary" OPR for each process element. However, it is also recognized that other organizations may have considerable interest in the actions of the Primary OPR. Thus, it is anticipated that interaction will take place through a variety of avenues, with the intent of ensuring or improving the acquisition and maintenance of MHS medical facilities. The following sections assign roles and responsibilities in accordance with the main phases of medical MILCON and SRM activities.

I. MILCON Planning

A. TMA shall:

1. Publish/issue policy and procedures for health facility planning.
2. Approve health care planning documents (i.e. economic analyses).
3. Approve project specific cost and scope.
4. Publish/issue policy and procedures for space planning.
5. Contract management for the Space and Equipment Planning System.
6. Publish/issue medical equipment planning policies and procedures.
7. Provide oversight of healthcare, space, and equipment planning by project.
8. Provide defense of MILCON projects to OSD and Congress.
9. Publish/issue policy and procedures for preparation of DD Forms 1391/1390
10. Provide design release authority.
11. Maintain official versions of DD Forms 1391/1390.
12. Publish/issue "Project Book Policy"
13. Assume ownership of the final DD Form 1391.

B. The Services shall:

1. Plan for the POM outyears (including joint projects) and establish healthcare and health facility requirements.
2. Implement TMA policy and procedures for health facility planning.
3. Develop project-specific Concepts of Operations.
4. Conduct pre-planning studies, such as DEFTABS, hazardous materials, force protection, etc.
5. Conduct explicit planning for budget year projects, to include completion of health care requirements analyses, economic analyses, and construction cost analyses according to TMA guidance.
6. Provide funding for planning studies.
7. Notify TMA, Lead Agents, and other Services of commencement of healthcare planning activities.
8. Interface with Lead Agents on matters pertaining to regional health care planning.
9. Complete project specific healthcare planning.
10. Certify and transmit completion of healthcare planning in compliance with established policies.
11. Perform project space planning.
12. Transmit project space planning documentation to TMA for approval.
13. Update the economic analysis and health care requirements analysis based on final space planning.
14. Implement medical equipment planning policies and procedures.
15. Complete and approve medical/dental equipment planning.
16. Implement policy and procedures for DD Forms 1391/1390.
17. Develop and submit Project Books.
18. Execute JFIP, CDIP, and NATO projects, with support as required from TMA.

C. TMA and the Services together shall:
   1. Meet with the DoD Inspector General prospectively prior to budget year planning.

D. The HFSC shall:
   1. Develop and clarify policy and procedures for health facility planning.
   2. Provide a forum for increased communication, interaction, collaboration, and issue resolution.
   3. Develop and clarify policy and procedures for DoD Medical Space and Equipment Planning Criteria.
   4. Develop and clarify medical equipment planning policies and procedures.
   5. Develop healthcare, space, and equipment planning process improvements.
   6. Develop and clarify policy and procedures for DD Forms 1391/1390.
   7. Develop standardized Project Book requirements.

II. MILCON Programming

A. TMA shall:
   1. Develop budget justification for each project.
   2. Serve as the POC for justification of budget to OSD.
   3. Serve as the advocate for medical MILCON within OSD/OMB.
   4. Provide Central Budget Analysis.
   5. Provide central management of the MILCON budget and effect final adjustments to the TOA of each Service in the FYDP.
   6. Provide input to Defense Guidance, with support of HFSC.
   7. Request Services' input for POM development.
   8. Integrate Service FYDP input.
   9. Attempts to arrange equitable tradeoffs with other Services when large project or cost growth prior to design cannot be addressed solely within one Service.
   10. Approve the FYDP.
   11. Provide interface and defense of program to OSD (C), GAO, IG, PA&E, OMB.
   12. Publish POM, including funding levels for planning and design (P&D) and Unspecified Minor Construction (UMC).
   13. Publish the Budget Estimate Submission (BES).
   14. Address Program Budget Decisions (PBD) with Service support as needed.
   15. Address issues associated with development of President's Budget with Service support as needed.
   16. Publish the President's Budget, including P&D and UMC funding levels.
   17. Prepare Congressional testimony.
   18. Respond to Congressional inquiries and report language, with Service support as needed.
   19. Publish/issue inventory data management policy and procedures.
   20. Provide summary information of Services' inventory data.
   21. Manage the TOA authority.

B. The Services shall
   1. Serve as an advocate for medical MILCON within each Service.
   2. Execute within allotted budget amounts.
   3. Establish Service-specific MILCON priorities.
   4. Seek to address large project or cost growth prior to design from within budgeted TOA if possible. (See Section II A.8 above).
   5. Ensures programming within service for initial outfitting funds, both O&M and OP.
   6. Provide oversight of host nation funded projects (NATO, JFIP, KHNF) with support as required from TMA.
   7. Provide facility inventory data management.
   8. Manage allocated TOA.

C. The HFSC shall:
   1. Develop an MHS facility investment strategy.
   2. Provide a forum for addressing budget issues affecting overall TOA.
   3. Review and discuss Service priorities.
   4. Develop inventory data management policy and procedures, to include common data field definitions and Plant Replacement Values (PRV).

D. TMA, the Services, and the Design/Construction agents together shall:
   1. Contribute to resolution of issues arising from the POM as PDM's.
   2. Contribute to resolution of issues associated with the BES.
   3. Develop certification of compliance statements on DD Form 1391.

E. Senior leadership of TMA and the Service surgeons (the Tricare Executive Committee) general shall:
   1. Approve the MHS facility investment strategy.
   2. Prioritize major joint projects (e.g. AFIP, USUHS, CHPPM)

III. MILCON Design

A. TMA shall:
   1. Publish/issue design criteria and policy.
   2. Distribute P&D funds and authority to the Agents.
   3. Provide Section 2807 notifications to Congress, with information copies to the Services and the Agents.
   4. Issue Design Authorizations (DA).
   5. Revise Design Authorizations and Design Instructions (DI), in conjunction with the Agents.
   6. Waive design criteria on a case-by-case basis.
   7. Conduct design reviews and provide approvals at S2 & S4.
   8. Publish/issue cost estimating policies and guidelines.

9. Provide guidance to the Services and Agents concerning foreign currency fluctuation.
10. Provide final approval of cost estimate for the BES.

B. The Services shall:
   1. Assume design responsibility for host-nation funded projects, with support as required from TMA.

C. The Agents shall:
   1. Implement design criteria and policy, in conjunction with the Services.
   2. Issue DI's.
   3. Select architect/engineers and procure design services, with participation of the Services and TMA as required.
   4. Conduct design reviews, in conjunction with the Services.
   5. Approve submittals, with Service concurrence.
   6. Provide certification to TMA that design submittals are sufficient to provide accurate information to support development of BES.
   7. Manage design effort to 100% completion.
   8. Perform compliance reviews of design (ADA, energy conservation, etc.)
   9. Approve construction cost estimates.
   10. Seek waivers of design criteria on a case-by-case basis, with support of the Services.
   11. Implement cost estimating policies and guidelines, in conjunction with the Services.
   12. Coordinate with the Services on project cost estimating.
   13. Coordinate with Services on resolving cost growth prior to 35% design within allocated TOA.
   14. Coordinate with Services on resolving cost growth from 35% to 100% within allocated TOA.

D. The HFSC shall:
   1. Develop and clarify design criteria and policy.
   2. Review design criteria waiver requests to ascertain impact on criteria.
   3. Develop cost estimating policies and guidelines.

E. TMA, the Services, and the Agents shall:
   1. Collaborate on the preparation of certification of compliance statements for DD Forms 1391.
   2. Collaborate as needed on responses to design-related questions arising within OSD.

IV. MILCON Construction

A. TMA shall:

1. Issue authority for appropriated funds allocated to the Agents.
2. Provide notification of availability of funds.
3. Issue contract award authority to the Agents.
4. Publish/issue construction project management policy and guidance.
5. Evaluate and submit reprogramming actions.
6. Work in conjunction with the Agents to provide summary level tracking and reporting of fund obligations.
7. Waive criteria on a case-by-case basis, based on request by the Services and Agents.

B. The Services shall:

1. Assume construction responsibility for host nation funded projects, with support as required from TMA.
2. Work with Agents to prepare criteria waiver requests as appropriate.

C. The Agents shall:

1. Implement construction project management policy and guidance.
2. Provide detailed tracking and reporting of fund obligations.
3. Take the lead in resolving cost growth during construction, with support from TMA as required.
4. In conjunction with the Services, process change orders if within flexibility and funding limits.
5. Implement policy and guidance on reprogramming and scope variations.
6. Manage allocated project funding.

V. Unspecified Minor Construction (UMC)

A. TMA shall:

1. Publish/issue program policy and procedures.
2. Review candidates for UMC in conjunction with the HFSC.
3. Approve candidates and costs for UMC projects.
4. Work with Agents to issue Design Authorizations and Design Instructions.

B. The Services shall:

1. Identify projects to TMA as potential UMC candidates.
2. Conduct sufficient healthcare, space, and equipment planning analyses.
3. Work with Agents to implement program policy and procedures (same as MILCON).

C. The Agents shall:

1. Fulfill all design and construction responsibilities as if it were a normal MILCON.

D. The HFSC shall:
   1. Develop program policy and procedures.
   2. Provide a forum for program oversight and issue resolution.

VI. Plan Sustainment, Restoration, and Modernization (SRM) Strategy

A. The Services shall:
   1. Identify actual sustainment costs and deferred sustainment requirements.
   2. Identify facility condition improvements for restoration and modernization and actual costs of the life cycle model.
   3. Recommend changes to the DoD Facility Sustainment Model (FSM) for TMA use.
   4. Recommend facility restoration and modernization strategies to TMA.
   5. Identify organization and management support requirements to execute facility life cycle management objectives.

B. The HFSC shall:
   1. Develop a Tri-service plan for programming SRM, including organization and management support.

VII. Program SRM Requirements

A. TMA shall:
   1. Submit and defend the POM and BES for SRM to include organization and management support requirements.

B. The Services shall:
   1. Provide SRM POM information to TMA based on facility inventory and updated FSM.
   2. Provide BES information to TMA using updated component inventory assessments and service specific sustainment strategies.
   3. Include organization and management support requirements in the POM and BES information provided to TMA.

VIII. Execute SRM Funds

A. TMA shall:
   1. Distribute funds to the Services for SRM.

B. The Services shall:
   1. Distribute funding to the field in accordance with the sustainment strategy.
   2. Distribute funding to the field for execution of restoration and modernization strategy.
   3. Distribute funding to the field for organization and management support requirements.

IX. Validate SRM Plan

A. TMA shall:

1. Submit new FSM information to the DoD FSM Configurations/Support Panel.

B. The HFSC shall:

1. Compare FSM cost factors to sustainment practices and verify facility improvements.
2. Compare restoration and modernization practices to the TMA funding strategy and verify facility and productivity improvements.
3. Compare improved facility management practices through outcome measurement.

MILCON AND SRM FUNDING LEVELS

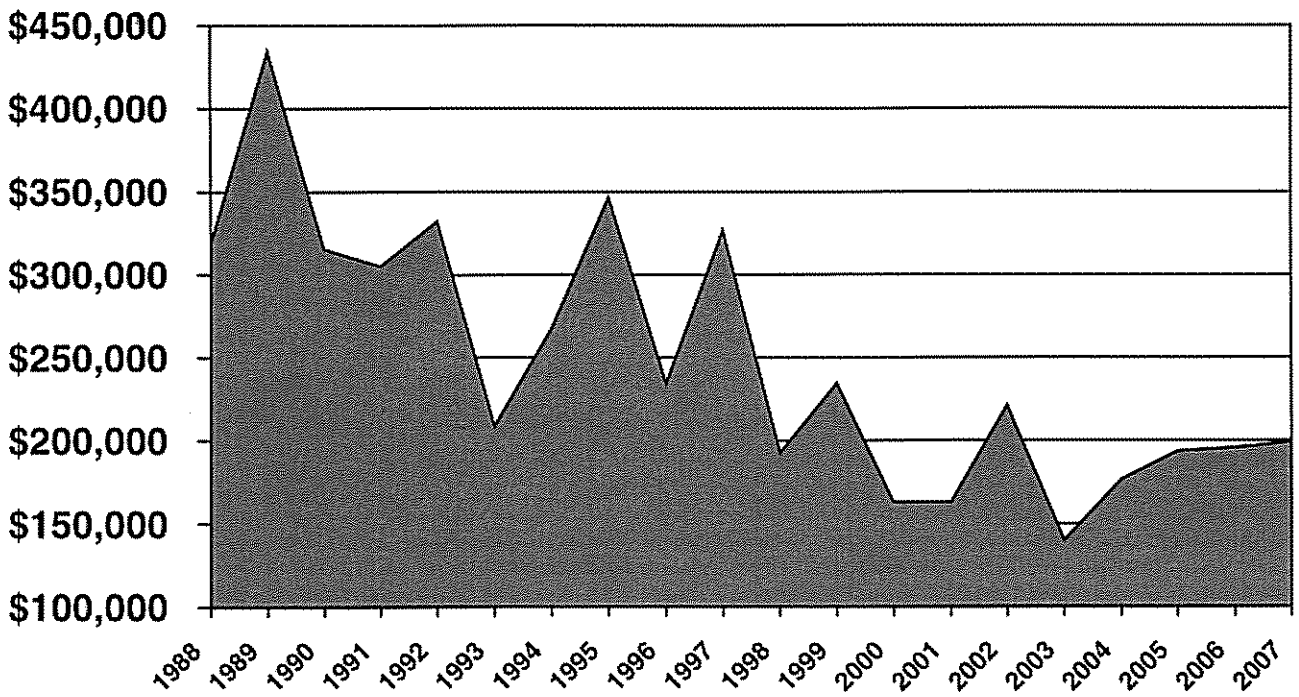
MILCON

- The DoD Medical MILCON Program is the primary funding source for the MHS to:
  - modernize and replace facilities
  - meet new mission requirements
  - incorporate new technologies requiring infrastructure changes.
- Since the late 1980s, the Medical MILCON Program has been significantly reduced.
- The current average annual funding level for FY02 through FY07 is $197M.
- Current investment levels are insufficient to replace obsolete facilities and allow modernization to meet functional, new mission, and technology requirements.
- MHS facilities must be maintained well beyond their useful lives:
- Percentage of inventory over age of 50 years will grow from 15% in FY01:
  - to 32% by FY11
  - to 41% by FY21
- Older facilities cost more to operate and maintain.

DoD Medical MILCON Funding Levels

FY88 – FY07

(Constant FY01 $M)

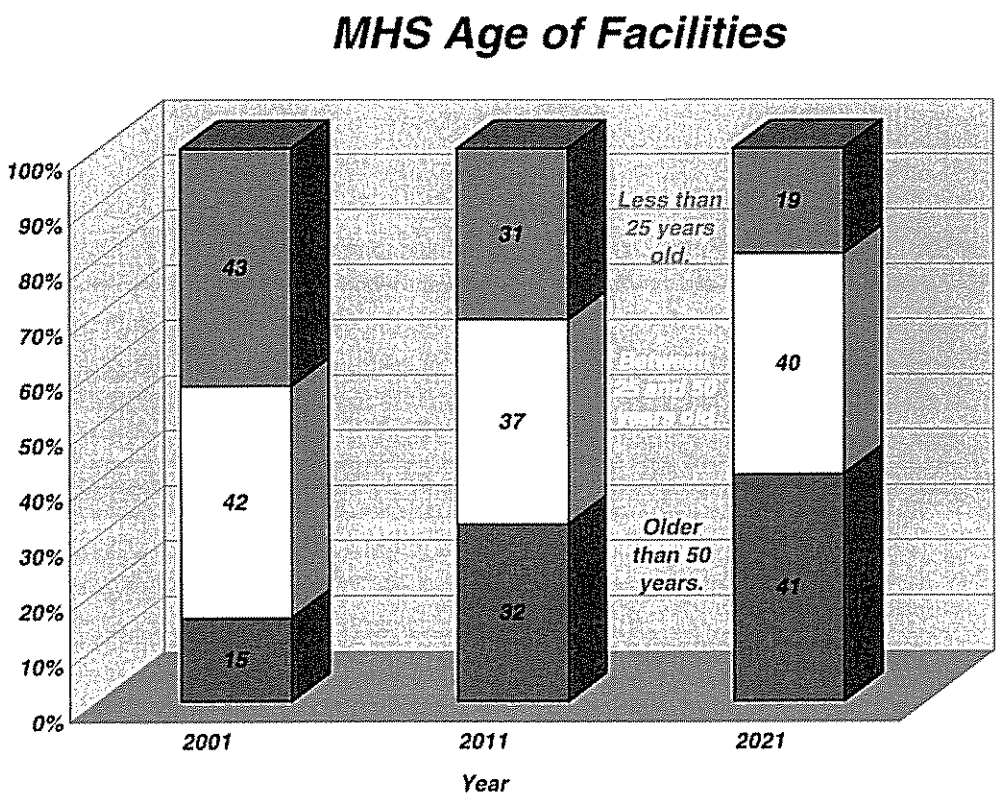


Notes:

1. FY88 – FY02 levels based on Congressional appropriations.
2. FY03 – FY07 levels based on BES/POM.
3. Includes Unspecified Minor Construction, Planning and Design, and construction execution funds.

IMPACT OF CURRENT MILCON FUNDING LEVELS ON FACILITIES INVENTORY AGE

The column chart reflects the impact of current and projected levels of MILCON funding on the collective age of the MHS facility inventory. If funding remains at projected levels, then the overall age of MHS hospitals and clinics will significantly increase.

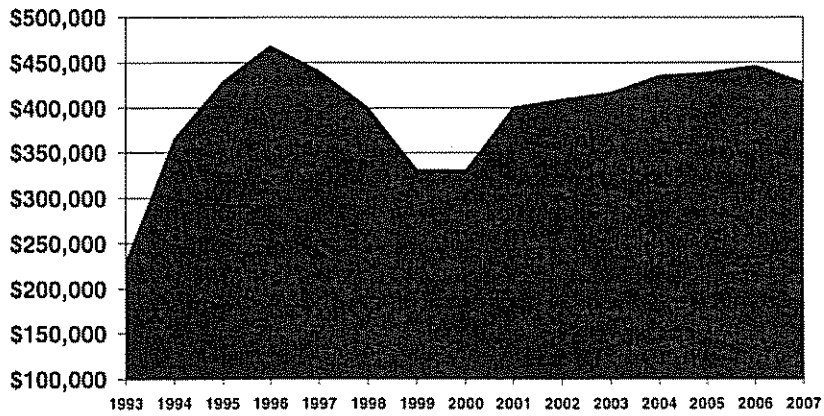


Note: Age of facilities is expressed as a percentage of estimated Plant Replacement Value.

SRM FUNDING

- Operations and Maintenance (O&M) funds represent the other principal source for MHS facilities as utilized in Sustainment, Restoration, and Modernization (SRM) programs.
  - ***Sustainment*** funds the day-to-day maintenance and scheduled major repair/replacement of building systems and components in order to keep a facility in good working order.
  - ***Restoration*** funds the repair/replacement of damaged facilities.
  - ***Modernization*** funds projects to meet new or higher standards, new functions and new missions.
- The funding history of SRM is shown below in constant FY01 dollars.

DoD Medical SRM Funding*
(FY 2001 $M)



Sources:
1. FY93-FY01 based on reported Services' obligations.
2. FY02 based on Presidents Budget.
3. FY03-07 based on BES/POM.

**SRM programs were formerly known as the Real Property Management program prior to FY02.*

- As a result of numerous years of underfunding across the DHP, O&M funds for facilities maintenance, repair, and construction often have been diverted to other requirements, resulting in significant deferred sustainment of MHS facilities.

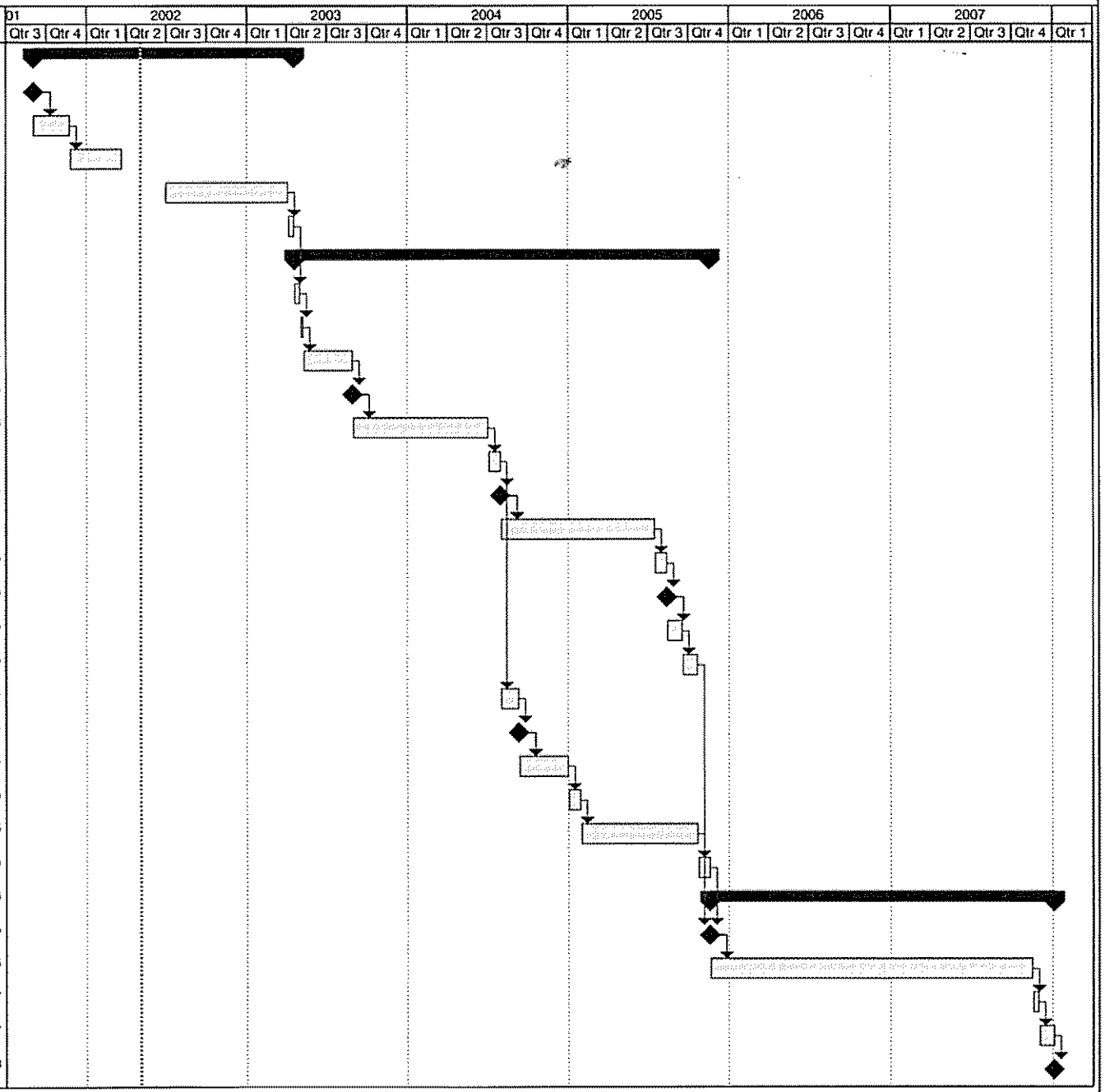
- Sustainment funding requirements, as modeled by the DoD's Facility Sustainment Model, are based on the assumption that facilities have been properly maintained.

- Additional funding, above the current sustainment level, is required to eliminate the existing backlog of maintenance and repair.

- Consistent funding of O&M restoration and modernization can complement the MILCON program. O&M restoration and modernization allows for relatively small requirements to be accomplished much sooner than through the MILCON program.

NOTIONAL TIMELINE OF ACTIVITIES REQUIRED TO EXECUTE AN FY06 MEDICAL MILCON PROJECT

ID	Task Name	Duration	Start
1	**PLANNING**	**85.2 wks**	**Mon 9/3/01**
2	TMA Call for POM Submission	0 days	Mon 9/3/01
3	Services Submit POM to TMA	12 wks	Mon 9/3/01
4	TMA Prepares POM	17 wks	Mon 11/26/01
5	Service Performs Economic Analysis (EA)	40 wks	Mon 7/1/02
6	Final PFD & DD1391 to TMA	2 wks	Mon 4/7/03
7	**DESIGN**	**135 wks**	**Mon 4/21/03**
8	TMA Design Authorization for A/E Select	2 wks	Mon 4/21/03
9	TMA Submits 2807 Notification to Congress	1 wk	Mon 5/5/03
10	Service agents evaluate/select A/E	16 wks	Mon 5/12/03
11	Service Agents Award Design Contract	0 wks	Fri 8/29/03
12	A/E Proceeds to 35% Design	44 wks	Mon 9/1/03
13	35% Design Submission/Review by TMA	4 wks	Mon 7/5/04
14	TMA Authorizes A/E Proceed to 100%	0 wks	Fri 7/30/04
15	A/E Proceeds to 100% Design	50 wks	Mon 8/2/04
16	100% Design Submission/Review by TMA	4 wks	Mon 7/18/05
17	TMA Issues Authority to Advertise	0 wks	Fri 8/12/05
18	Project Advertise	5 wks	Mon 8/15/05
19	Bid Review & Evaluation	5 wks	Mon 9/19/05
20	TMA Prepares Budget Estimate Submission	6 wks	Mon 8/2/04
21	TMA Submits BES to OSD Comptroller	0 wks	Fri 9/10/04
22	OSD (C) Review and PBD Cycle	16 wks	Mon 9/13/04
23	Prepare/submit President's Budget	4 wks	Mon 1/3/05
24	Congressional Review Period	38 wks	Mon 1/31/05
25	Appropriations/Receipt of Funds	4 wks	Mon 10/24/05
26	**CONSTRUCTION**	**111 wks**	**Fri 11/18/05**
27	Contract Award	0 wks	Fri 11/18/05
28	Construction Execution	104 wks	Mon 11/21/05
29	Building Acceptance/Commissioning	2 wks	Mon 11/19/07
30	Move in/Transition	5 wks	Mon 12/3/07
31	Beneficial Occupancy	0 wks	Fri 1/4/08



Note: Assumes two-year construction.

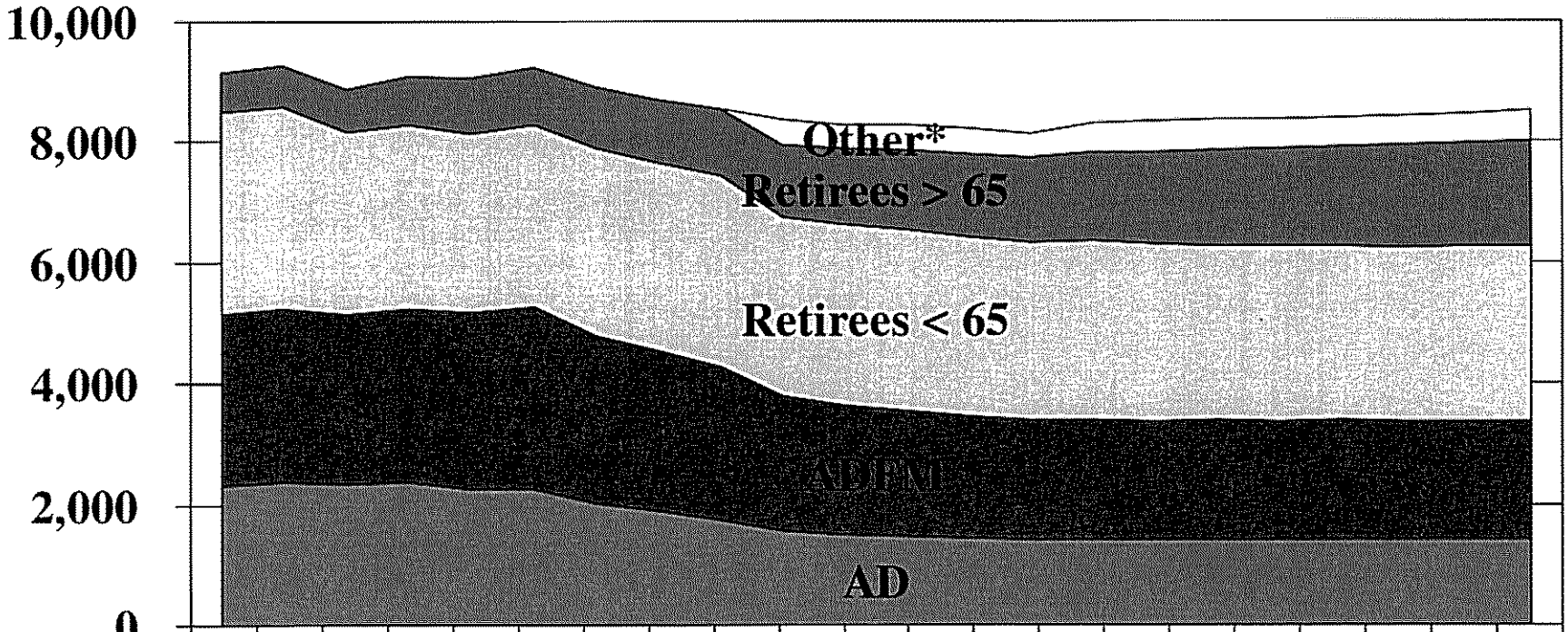
NOTIONAL TIMELINE OF ACTIVITIES REQUIRED TO EXECUTE AN FY06 MEDICAL MILCON PROJECT

Project: MILCON.TIMELINE
Date: Thu 5/2/02

Task | Summary | Rolled Up Progress | Project Summary
Progress | Rolled Up Task | Split
Milestone | Rolled Up Milestone | External Tasks

Note: Assumes two-year construction.

MHS FY End Eligible Population
1985-2007
(000)



	1985	1986	1987	1988	1990	1991	1992	1993	1994	1995	1996	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Other*										425	420	412	398	488	487	488	487	487	487	488	491
Retirees > 65	637	714	736	808	923	972	1,029	1,068	1,130	1,212	1,263	1,381	1,432	1,490	1,546	1,596	1,640	1,675	1,707	1,733	1,759
Retirees < 65	3,367	3,315	2,999	3,045	2,964	2,987	3,096	3,091	3,154	2,931	2,957	2,958	2,919	2,954	2,911	2,883	2,866	2,862	2,858	2,868	2,880
ADFM	2,807	2,866	2,811	2,860	2,916	3,039	2,764	2,646	2,522	2,241	2,144	2,021	1,968	1,969	1,962	1,966	1,962	1,965	1,964	1,964	1,963
AD	2,332	2,389	2,349	2,371	2,252	2,246	2,026	1,905	1,757	1,564	1,514	1,449	1,428	1,425	1,424	1,426	1,424	1,425	1,424	1,423	1,423

* Other - Includes Guard, Reserves, their family members, survivors and others.

1985-94 Data from historical MCFAS 12.1

Source (1995-2007): MCFAS 14.0, v2.6 2000

DoD HOSPITALS CURRENTLY OPERATING

ARMY

Facility Name	Reg.	State/ Country	City	Zip Code
BASSETT ACH-FT. WAINWRIGHT	12	AK	FT. WAINWRIGHT	99703
LYSTER ACH-FT. RUCKER	04	AL	FR. RUCKER	36362
WEED ACH-FT. IRWIN	09	CA	FT. IRWIN	92310
EVANS ACH-FT. CARSON	08	CO	FT. CARSON	80913
WALTER REED AMC-WASHINGTON DC	01	DC	WASHINGTON	20307
EISENHOWER AMC-FT. GORDON	03	GA	FT. GORDON	30905
MARTIN ACH-FT. BENNING	03	GA	FT. BENNING	31905
WINN ACH-FT. STEWART	03	GA	FT. STEWART	31314
HEIDELBERG MEDDAC	13	GE	HEIDELBERG	09102
LANDSTUHL REGIONAL MEDCEN	13	GE		09102
WUERZBURG MEDDAC	13	GE	WUERZBURG	09036
TRIPLER AMC-FT SHAFTER	12	HI	HONOLULU	96859
121st GEN HOSP-SEOUL	14	KO		
IRWIN ACH-FT. RILEY	08	KS	FT. RILEY	66442
BLANCHFIELD ACH-FT. CAMPBELL	05	KY	FT. CAMPBELL	42223
IRELAND ACH-FT. KNOX	05	KY	FT. KNOX	40121
BAYNE-JONES ACH-FT. POLK	06	LA	FT. POLK	71459
L. WOOD ACH-FT. LEONARD WOOD	08	MO	FT. LEONARD WOOD	65473
WOMACK AMC-FT. BRAGG	02	NC	FT. BRAGG	28307
KELLER ACH-WEST POINT	01	NY	WEST POINT	10996
REYNOLDS ACH-FT. SILL	06	OK	FT. SILL	73503
MONCRIEF ACH-FT. JACKSON	03	SC	FT. JACKSON	29207
WILLIAM BEAUMONT AMC-FT. BLISS	07	TX	FT. BLISS	79920
BROOKE AMC-FT. SAM HOUSTON	06	TX	FT. SAM HOUSTON	78234
DARNALL ACH-FT. HOOD	06	TX	FT. HOOD	76544
MCDONALD ACH-FT. EUSTIS	02	VA	FT. EUSTIS	23604
DEWITT ACH-FT. BELVOIR	01	VA	FT. BELVOIR	22060
MADIGAN AMC-FT. LEWIS	11	WA	FT. LEWIS	98433

AIR FORCE

3rd MED GRP-ELMENDORF	12	AK	ANCHORAGE	99506
56th MED GRP-LUKE	07	AZ	PHOENIX	85309
60th MED GRP-TRAVIS	10	CA	FAIRFIELD	94535
10th MED GROUP-USAF ACADEMY CO	08	CO	COLORADO SPRINGS	80840
96th MED GRP-EGLIN	04	FL	VALPARAISO	32542
6th MED GRP-MACDILL	03	FL	TAMPA	33608
52nd MED GROUP-SPANGDAHLEM	13	GE	SPANGDAHLEM	09126
366th MED GRP-MOUNTAIN HOME	08	ID	MOUNTAIN HOME	83648
375th MED GRP-SCOTT	05	IL	BELLEVILLE	62225
31st MED GRP-AVIANO	13	IT	AVIANO	09601
35th MED GRP-MISAWA	14	JA	MISAWA CITY	96319
374th MED GRP-YOKOTA AB	14	JA	TOKYO	96328
51st MED GRP-OSAN AB	14	KO	SONG TAN	96278

DoD HOSPITALS CURRENTLY OPERATING
(continued)

Facility Name	Reg.	State/ Country	City	Zip Code
89th MED GRP-ANDREWS	01	MD	WASHINGTON D.C.	20331
81st MED GRP-KEESLER	04	MS	BILOXI	39534
55th MED GRP-OFFUTT	08	NE	OMAHA	68113
99th MED GRP- O'CALLAGHAN HOSP	07	NV	LAS VEGAS	89191
74th MED GRP-WRIGHT-PATTERSON	05	OH	FAIRBORN	45433
20th MED GRP-SHAW	03	SC	SUMTER	29152
39th MED GRP-INCIRLIK	13	TU	INCIRLIK	
82nd MED GRP-SHEPPARD	06	TX	WICHITA FALLS	76311
59th MED WING-LACKLAND	06	TX	SAN ANTONIO	78236
48th MED GRP-LAKENHEATH	13	UK	LAKENHEATH	09179
1st MED GRP-LANGLEY	02	VA	HAMPTON	23665

NAVY

NH CAMP PENDLETON	09	CA	CAMP PENDLETON	92055
NH LEMOORE	10	CA	LEMOORE	93245
NMC SAN DIEGO	09	CA	SAN DIEGO	92134
NH TWENTYNINE PALMS	09	CA	TWENTYNINE PALMS	92278
NH PENSACOLA	04	FL	PENSACOLA	32512
NH JACKSONVILLE	03	FL	JACKSONVILLE	32214
NH GREAT LAKES	05	IL	GREAT LAKES	60088
NNMC BETHESDA	01	MD	BETHESDA	20814
NH CAMP LEJEUNE	02	NC	CAMP LEJEUNE	28542
NH CHERRY POINT	02	NC	CHERRY POINT	28533
NH BEAUFORT	03	SC	BEAUFORT	29902
NMC PORTSMOUTH	02	VA	PORTSMOUTH	23708
NH BREMERTON	11	WA	BREMERTON	98312
NH OAK HARBOR	11	WA	OAK HARBOR	98278
NH GUANTANAMO BAY	15	CU	GUANTANAMO BAY	09593
NH ROOSEVELT ROADS-CEIBA	03	PR	CEIBA	34051
NH NAPLES	13	IT	NAPLES	09520
NH ROTA	13	SP	ROTA	09539
NH GUAM-AGANA	14	GU	AGANA	96630
NH OKINAWA	14	JA	OKINAWA	96230
NH YOKOSUKA	14	JA	YOKOSUKA	98762
NH KEFLAVIK	13	IC	KEFLAVIK	09571
NH SIGONELLA	13	IT	NAS SIGONELLA	09627

Total No. of Army Hospitals	28 (24 CONUS/4 OCONUS)
Total No. of Air Force Hospitals	24 (17 CONUS/7 OCONUS)
Total No. of Navy Hospitals	23 (14 CONUS/9 OCONUS)
Total of Current Operational Hospitals	**75 (55 CONUS/20 OCONUS)**

DoD HOSPITALS CLOSED FROM 1980- 2001

ARMY

Facility Name	Reg.	State/ Country	City	Zip Code
Noble AH, Ft. McClellan	04	AL		
Hays AH, Ft. Ord	09	CA		
Letterman AMC, Presidio	09	CA		
Fitzsimons AMC	08	CO		
2nd Field Hospital Bremerhaven	13	GE		
34th Gen. Hospital, Augsburg	13	GE		
5th Gen. Hospital, Bad Canstatt	13	GE		
97th Gen. Hospital, Frankfurt	13	GE		
98th Gen. Hospital, Nurnburg	13	GE		
USAH Berlin	13	GE		
Hawley AH, Ft. Benjamin Harrison		IN		
Cutler AH, Ft. Devens		MA		
Gorgas ACH		PN		

AIR FORCE

97th Strategic Hospital, Eaker (Blytheville)	AR		
USAF Hospital Williams, Williams	AZ		
22nd Strategic Hospital, March	CA		
831st Med Group, George	CA		
93rd Strategic Hospital, Castle	CA		
USAF Hospital Mather, Mather	CA		
USAF Hospital Iraklion	CR		
31st Medical Group, Homestead	FL		
USAF Hospital Hahn	GE		
USAF Reg. Med. Ctr. Wiesbaden	GE		
USAF Hospital Hellenikon	GR		
USAF Hospital Chanute	IL		
305th Strategic Hospital, Grissom	IN		
23rd Medical Group, England	LA		
42nd Strategic Hospital, Loring	ME		
379th Strategic Hospital, Wurtsmith	MI		
410th Strategic Hospital, KI Sawyer	MI		
509th Strategic Hospital, Pease	NH		
380th Strategic Hospital, Plattsburgh	NY		
416th Strategic Hospital, Griffiss	NY		
13th Medical Center, Clark	PH		
354th Medical Group, Myrtle Beach	SC		
USAF Hospital Torrejon	SP		
67th Medical Group, Bergstrom	TX		
Robt Thompson Strategic Hospital, Carswell	TX		
USAF Hospital Reese	TX		
USAF Hospital Upper Heyford	UK		

DoD HOSPITALS CLOSED FROM 1980- 2001
(continued)

Facility Name	Reg.	State/ Country	City	Zip Code
NAVY				
BRH Navsta Adak		AK		
NH Long Beach		CA		
NH Philadelphia		PA		
NH Subic Bay		PH		

Total No. of Army Hospitals	13 (6 CONUS/7 OCONUS)
Total No. of Air Force Hospitals	27 (20 CONUS/7 OCONUS)
Total No. of Navy Hospitals	4 (3 CONUS/1 OCONUS)
Total of Hospitals Closed	**44 (29 CONUS/15 OCONUS)**

DoD HOSPITALS CONVERTED TO CLINICS FROM 1980- 2001

ARMY

Facility Name	Reg.	State/ Country	City	Zip Code
Fox AH, Redstone Arsenal	04	AL		
Bliss AH, Ft. Huachuca	09	AZ		
196th Station Hospital SHAPE	13	BE	Brussels	
45th Field Hospital, Vicenza	13	IT		
Munson AH, Ft. Leavenworth	08	KS		
Kimbrough AH, Ft. Meade	01	MD		
Patterson AH, Ft. Monmouth	01	NJ		
Walson AH, Ft. Dix	01	NJ		
Kenner AH, Ft. Lee	02	VA		

AIR FORCE

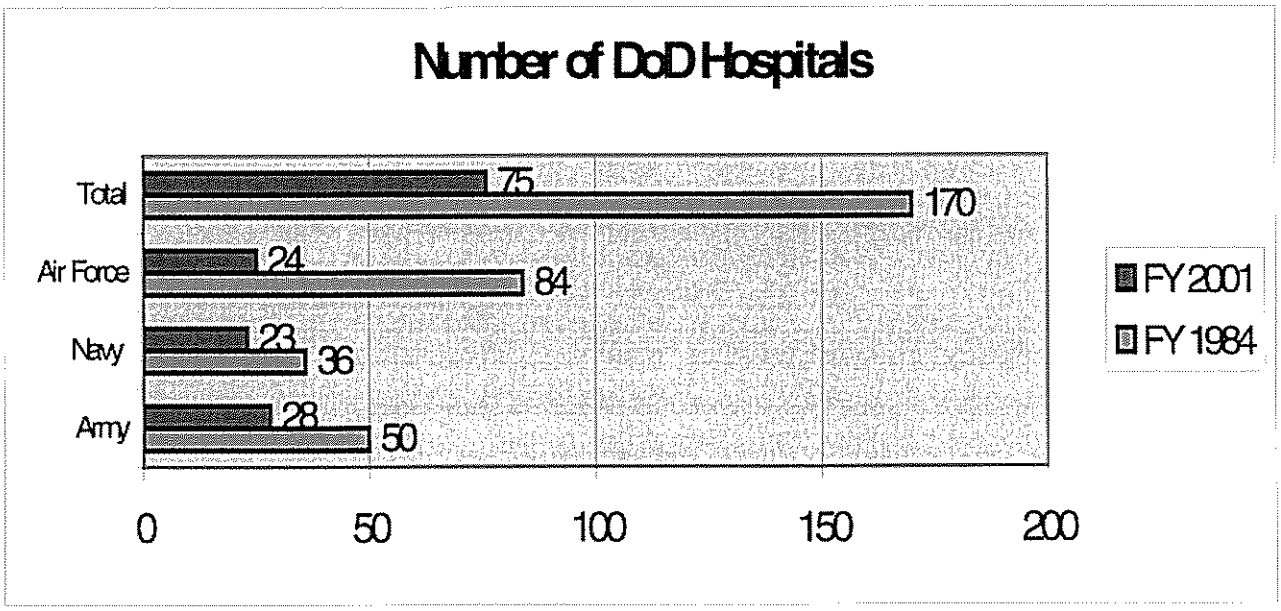
Air Univ. Regional Hospital, Maxwell	04	AL		
USAF Hospital, Little Rock	06	AR		
836th Medical Group, Davis Monthan	09	AZ		
1st Strategic Hospital, Vandenberg	10	CA		
9th Strategic Hospital, Beale	10	CA		
USAF Hospital, Edwards	09	CA		
USAF Hospital Dover	01	DE		
325th Medical Group, Tyndall	04	FL		
USAF Hospital, Patrick	03	FL		
347th Medical Group, Moody	03	GA		
USAF Hospital, Robins	03	GA		
USAF Hospital Bitburg	13	GE		
384th Strategic Hospital, McConnell	08	KS		
8th Medical Group, Kunsan	14	KO		
2nd Strategic Hospital, Barksdale	06	LA		
351st Strategic Hospital, Whiteman	08	MO		
USAF Hospital, Columbus	04	MS		
341st Strategic Hospital, Malmstrom	08	MT		
4th Medical Group, Seymour-Johnson	02	NC		
319th Medical Group-Grand Forks	08	ND		
91st Strategic Hospital, Minot	08	ND		
27th Medical Group, Cannon	07	NM		
833rd Medical Group, Holloman	07	NM		
USAF Hospital, Kirtland	07	NM		
USAF Hospital, Altus	06	OK		
USAF Hospital, Tinker	06	OK		
USAF Hospital, Lajes	13	PO		
44th Strategic Hospital, Ellsworth	08	SD		
96th Strategic Hospital, Dyess	06	TX		
USAF Hospital, Laughlin	06	TX		
USAF Hospital, Hill	08	UT		
92nd Strategic Hospital, Fairchild	11	WA		
90th Strategic Hospital, FE Warren	08	WY		

DoD HOSPITALS CONVERTED TO CLINICS FROM 1980- 2001
(continued)

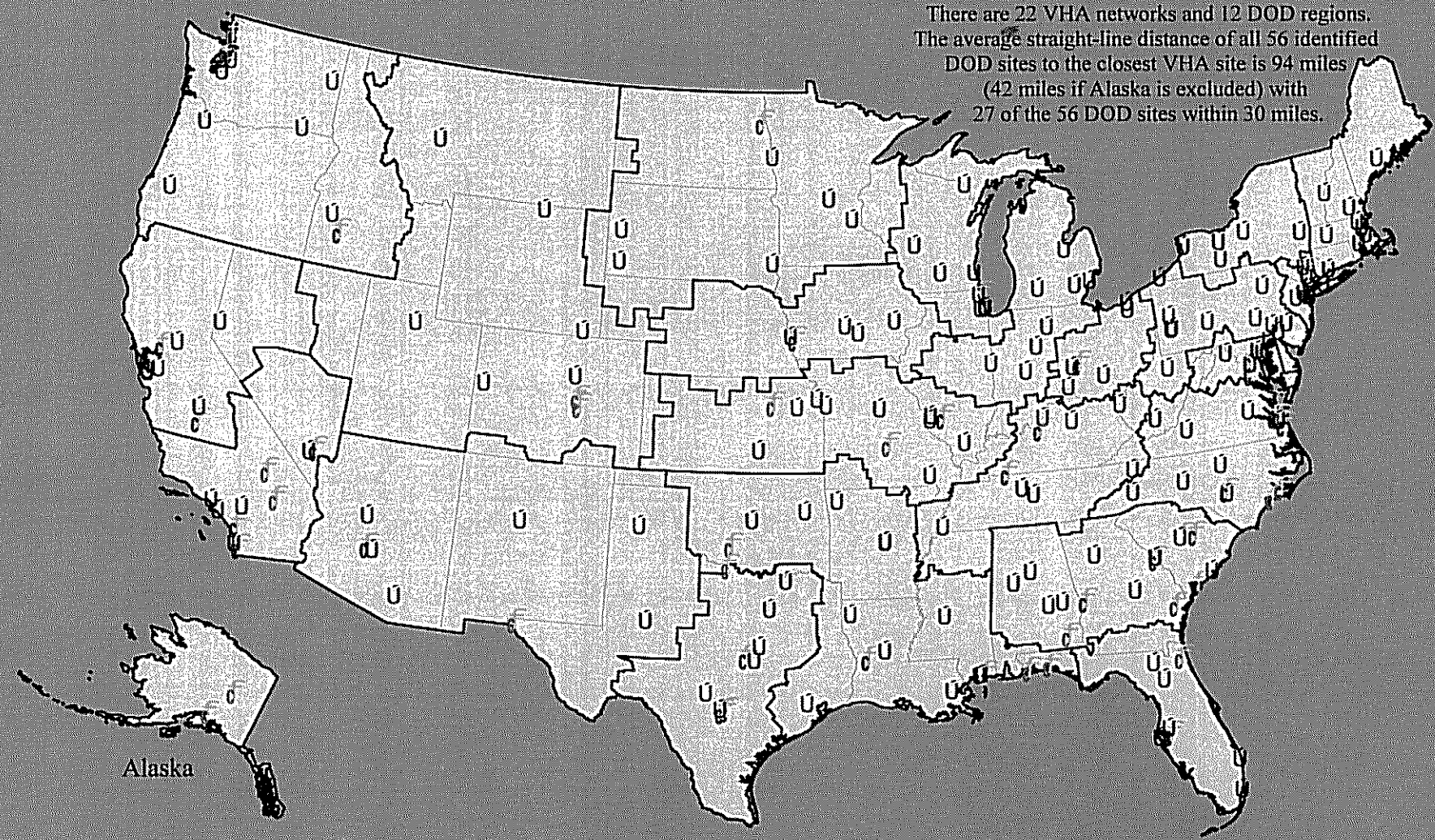
NAVY

Facility Name	Reg.	State/ Country	City	Zip Code
NH Oakland	10	CA		
NH Groton	01	CT		
NH Orlando	03	FL		
NH Patuxent River	01	MD		
BRH Naval Home Gulfport	04	MS		
NH Newport	01	RI		
NH Charleston	03	SC		
NH Millington	04	TN		
NH Corpus Christi	06	TX		

Total No. of Army Hospitals	9 (7 CONUS/2 OCONUS)
Total No. of Air Force Hospitals	33 (30 CONUS/3 OCONUS)
Total No. of Navy Hospitals	9 (9 CONUS/0 OCONUS)
Total of Hospitals Converted to Clinics	**51 (46 CONUS/5 OCONUS)**



Department of Veterans Affairs and Department of Defense Health Care Service Sites



Source: VA Site Tracking (VAST) Database and DoD Air Force Surgeon General's Office
Map generated by VHA Planning Systems Support Group, field-based unit of the VHA Office of Policy & Planning

Department of Defense and Department of Veterans Affairs
Hospital Service Sites by State

VISN	VHA Hospital	City, St, ZIP	Phone	Region	Closest DoD MTF Site		Distance
Alabama							
7	Tuscaloosa	Tuscaloosa, AL 35404	(205) 554-2000				
7	Tuskegee	Tuskegee, AL 36083	(334) 727-5467	4	LYSTER ACH-FT. RUCKER [Army]	FT. RUCKER, AL 36362	76
Alaska							
20	Seattle	Seattle, WA 98108	(206) 764-2299	12	BASSETT ACH-FT. WAINWRIGHT [Army]	FT. WAINWRIGHT, AK 99703	1,518
				12	3rd MED GRP-ELMENDORF [Air Force]	ANCHORAGE, AK 99506	1,463
Arizona							
18	Northern Arizona HCS	Prescott, AZ 86313	(520) 445-4860				
18	S. Arizona HCS	Tucson, AZ 85723	(520) 629-1821				
18	Phoenix	Phoenix, AZ 85012	(602) 222-6444	7	56th MED GRP-LUKE [Air Force]	PHOENIX, AZ 85309	18
Arkansas							
16	Fayetteville AR	Fayetteville, AR 72703	(501) 443-4301				
16	Central AR. Veterans HCS LR	Little Rock, AR 72205	(501) 257-1000				
16	Central Ar. Veterans HCS NLR	North little Rock, AR 72114	(501) 257-1000				
California							
21	Palo Alto-Palo Alto	Palo Alto, CA 94304	(650) 858-3939				
21	Palo Alto-Menlo Pk	Menlo Park, CA 94025	(650) 858-3939				
21	Livermore	Livermore, CA 94550	(925) 455-7402				
21	San Francisco	San Francisco, CA 94121	(415) 221-4810				
22	Long Beach HCS	Long Beach, CA 90822	(562) 494-5400				
22	Greater Los Angeles HCS	West Los Angeles, CA 90073	(310) 268-3132				
22	Loma Linda VAMC	Loma Linda, CA 92357	(909) 422-3002	9	WEED ACH-FT. IRWIN [Army]	FT. IRWIN, CA 92310	90
21	N. California HCS-Sacramento	Mather, CA 95655	(916) 366-5366	10	60th MED GRP-TRAVIS [Air Force]	FAIRFIELD, CA 94535	41
21	Fresno	Fresno, CA 93703	(559) 228-5338	10	NH LEMOORE [Navy]	LEMOORE, CA 93245	33
22	Loma Linda VAMC	Loma Linda, CA 92357	(909) 422-3002	9	NH TWENTYNINE PALMS [Navy]	TWENTYNINE PALMS, CA 9	69
22	San Diego HCS	San Diego, CA 92161	(619) 552-8585	9	NMC SAN DIEGO [Navy]	SAN DIEGO, CA 92134	11
				9	NH CAMP PENDLETON [Navy]	CAMP PENDLETON, CA 92	36

Sources: DoD Sites as provided by DoD Air Force Surgeon General's Office. VHA sites as provided by VA Site Tracking (VAST) data base.
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Note: Distance in straight line miles from DoD site to VHA site.

VISN	VHA Hospital	City, St, ZIP	Phone	Region	Closest DoD MTF Site		Distance
Colorado							
19	Eastern Colorado HCS	Denver, CO 80220	(303) 393-2800				
19	Grand Junction	Grand Junction, CO 81501	(970) 244-1329				
Connecticut							
1	West Haven	West Haven, CT 06516	(203) 932-5711				
Delaware							
4	Wilmington	Wilmington, DE 19805	(302) 633-5201				
District of Columbia							
5	Washington	Washington, DC 20422	(202) 745-8000	1	WALTER REED AMC-WASHINGTON DC [Army]	WASHINGTON, DC 20307	3
				1	89th MED GRP-ANDREWS [Air Force]	WASHINGTON D.C., DC 203	4
Florida							
8	Bay Pines	Bay Pines, FL 33744	(727) 398-6661				
8	Miami	Miami, FL 33125	(700) 351-3001				
8	W Palm Beach	West Palm Beach, FL 33410	(561) 882-6701				
8	North Florida/South Georgia HCS-Gainesville	Gainesville, FL 32608	(352) 376-1611				
8	North Florida/South Georgia HCS-Lake City	Lake City, FL 32055	(386) 719-3608				
7	Montgomery	Montgomery, AL 36109	(334) 272-1957	4	96th MED GRP-EGLIN [Air Force]	VALPARAISO, FL 32542	133
8	Tampa	Tampa, FL 33612	(813) 972-7536	3	6th MED GRP-MACDILL [Air Force]	TAMPA, FL 33608	15
16	Gulf Coast HCS	Biloxi, MS 39531	(228) 385-5726	4	NH PENSACOLA [Navy]	PENSACOLA, FL 32512	98
Georgia							
7	Decatur	Decatur, GA 30033	(404) 321-6111				
7	Augusta	Augusta, GA 30901	(706) 823-2201				
7	Lenwood (Uptown)	Augusta, GA 30904	(706) 823-2201	3	EISENHOWER AMC-FT. GORDON [Army]	FT. GORDON, GA 30905	7
7	Dublin	Dublin, GA 31021	(912) 277-2701	3	WINN ACH-FT. STEWART [Army]	FT. STEWART, GA 31314	90
7	Tuskegee	Tuskegee, AL 36083	(334) 727-5467	3	MARTIN ACH-FT. BENNING [Army]	FT. BENNING, GA 31905	45
Hawaii							
21	Honolulu	Honolulu, HI 96819	(808) 433-1000	12	TRIPLER AMC-FT SHAFTER [Army]	HONOLULU, HI 96859	1
Idaho							
20	Boise	Boise, ID 83702	(208) 422-1100	8	366th MED GRP-MOUNTAIN HOME [Air Force]	MOUNTAIN HOME, ID 83648	43

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Illinois							
11	Illiana HCS (Danville)	Danville, IL 61832	(217) 442-8000				
12	Chicago HCS	Chicago, IL 60612	(312) 943-6600				
12	Chicago HCS (Lakeside Division)	Chicago, IL 60611	(312) 943-6600				
12	Hines	Hines, IL 60141	(708) 343-7200				
15	Marion IL	Marion, IL 62959	(618) 997-5311				
15	St Louis-John Cochran	St. Louis, MO 63106	(314) 652-4100	5	375th MED GRP-SCOTT [Air Force]	BELLEVILLE, IL 62225	21
12	North Chicago IL	North Chicago, IL 60064	(847) 688-1900	5	NH GREAT LAKES [Navy]	GREAT LAKES, IL 60088	0
Indiana							
11	Indianapolis	Indianapolis, IN 46202	(317) 554-0000				
11	N. Indiana HCS-Marion	Marion, IN 46953	(765) 674-3321				
11	N. Indiana HCS-Ft. Wayne	Fort Wayne, IN 46805	(219) 460-1310				
Iowa							
14	Central Plains Health Network-Des Moines Division	Des Moines, IA 50310	(515) 699-5999				
14	Central Plains Health Network-Knoxville Division	Knoxville, IA 50138	(515) 842-3101				
14	Central Plains Health Network-Iowa City Division	Iowa City, IA 52246	(319) 339-0581				
Kansas							
15	Wichita	Wichita, KS 67128	(316) 685-2221				
15	Leavenworth	Leavenworth, KS 66048	(913) 682-2000				
15	Topeka - Colmery-O'Neil	Topeka, KS 66622	(785) 350-3111	8	IRWIN ACH-FT. RILEY [Army]	FT. RILEY, KS 66442	58
Kentucky							
9	Lexington-Leestown	Lexington, KY 40511	(606) 281-3901				
9	Lexington-Cooper Dr	Lexington, KY 40511	(606) 281-4901				
9	Louisville	Louisville, KY 40206	(502) 894-6200	5	IRELAND ACH-FT. KNOX [Army]	FT. KNOX, KY 40121	30
Louisiana							
16	New Orleans	New Orleans, LA 70112	(504) 568-0811				
16	Overton Brooks VAMC	Shreveport, LA 71101	(318) 221-8411				
16	Alexandria	Alexandria, LA 71306	(318) 473-0010	6	BAYNE-JONES ACH-FT. POLK [Army]	FT. POLK, LA 71459	47

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Maine							
1	Togus	Togus, ME 04330	(207) 623-8411				
Maryland							
5	Baltimore	Baltimore, MD 21201	(410) 605-7016				
5	Fort Howard	Fort Howard, MD 21052	(410) 477-1800				
5	Perry Point	Perry Point, MD 21902	(410) 642-2411				
5	Washington	Washington, DC 20422	(202) 745-8000	1	NNMC BETHESDA [Navy]	BETHESDA, MD 20814	7
Massachusetts							
1	Bedford	Bedford, MA 01730	(781) 275-7500				
1	VA Boston HCS- Boston Div.	Boston, MA 02130	(617) 232-9500				
1	VA Boston HCS-West Roxbury Div.	West Roxbury, MA 02132	(617) 323-7700				
1	Brockton VAMC	Brockton, MA 02301	(508) 583-4500				
1	Northampton	Leeds, MA 01053	(413) 584-4040				
Michigan							
11	Ann Arbor HCS	Ann Arbor, MI 48105	(734) 769-7100				
11	Battle Creek	Battle Creek, MI 49015	(616) 966-5600				
11	Detroit (John D. Dingell)	Detroit, MI 48201	(313) 576-1000				
11	Saginaw	Saginaw, MI 48602	(517) 793-2340				
12	Iron Mountain MI	Iron Mountain, MI 49801	(906) 774-3300				
Minnesota							
13	Minneapolis	Minneapolis, MN 55417	(612) 725-2000				
13	St Cloud	St. Cloud, MN 56303	(320) 252-1670				
Mississippi							
16	Gulfport	Gulfport, MS 39507	(228) 867-2865				
16	G. V. (Sonny) Montgomery VAMC	Jackson, MS 39216	(601) 364-1339				
16	Gulf Coast HCS	Biloxi, MS 39531	(228) 385-5726	4	81st MED GRP-KEESLER [Air Force]	BILOXI, MS 39534	2

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Missouri							
15	Kansas City	Kansas City, MO 64128	(816) 861-4700				
15	St Louis-Jeff Bks.	St. Louis, MO 63125	(314) 652-4100				
15	Poplar Bluff	Poplar Bluff, MO 63901	(573) 686-4151				
15	Columbia MO	Columbia, MO 65201	(573) 443-2511	8	L. WOOD ACH-FT. LEONARD WOOD [Army]	FT. LEONARD WOOD, MO 65	82
Montana							
19	Montana HCS	Fort Harrison, MT 59636	(406) 447-7900				
Nebraska							
14	Central Plains Health Network-Omaha Division	Omaha, NE 68105	(402) 346-8800				
Nevada							
21	Sierra Nevada HCS	Reno, NV 89502	(775) 328-1263				
22	Southern Nevada HCS	Las Vegas, NV 89106	(702) 636-3010	7	99th MED GRP- O'CALLAGHAN HOSP [Air Force]	LAS VEGAS, NV 89191	8
New Hampshire							
1	Manchester	Manchester, NH 03104	(603) 624-4366				
New Jersey							
3	New Jersey HCS	East Orange, NJ 07018	(973) 676-1000				
3	Lyons	Lyons, NJ 07939	(908) 647-0180				
New York							
2	Upstate New York HCS	Buffalo, NY 14215	(716) 862-3611				
2	Canandaigua	Canandaigua, NY 14424	(716) 394-2000				
2	Bath	Bath, NY 14810	(607) 664-4000				
2	Syracuse	Syracuse, NY 13210	(315) 476-7461				
2	Albany	Albany, NY 12208	(518) 462-3311				
3	Bronx	Bronx, NY 10468	(718) 584-9000				
3	Hudson Valley HCS	Montrose, NY 10548	(914) 737-4400				
3	New York Harbor HCS - NY Div.	New York, NY 10010	(212) 686-7500				
3	New York Harbor HCS-Brooklyn-Poly Pl. Campus	Brooklyn, NY 11209	(718) 836-6600				
3	Northport	Northport, NY 11768	(516) 261-4400				
3	Castle Point Division	Castle Point, NY 12511	(914) 831-2000	1	KELLER ACH-WEST POINT [Army]	WEST POINT, NY 10996	10

Sources: DoD Sites as provided by DoD Air Force Surgeon General's Office. VHA sites as provided by VA Site Tracking (VAST) data base.
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North Carolina							
6	Durham	Durham, NC 27705	(919) 286-0411				
6	Asheville-Oteen	Asheville, NC 28805	(828) 298-7911				
6	W.G. (Bill) Hefner Salisbury VAMC	Salisbury, NC 28144	(704) 638-9000				
6	Fayetteville NC	Fayetteville, NC 28301	(910) 488-2120	2	WOMACK AMC-FT. BRAGG [Army]	FT. BRAGG, NC 28307	8
				2	NH CAMP LEJEUNE [Navy]	CAMP LEJEUNE, NC 28542	93
				2	NH CHERRY POINT [Navy]	CHERRY POINT, NC 28533	112
North Dakota							
13	Fargo	Fargo, ND 58102	(701) 232-3241	8	319th MED GRP-GRAND FORKS [Air Force]	GRAND FORKS, ND 58205	78
Ohio							
10	Chillicothe	Chillicothe, OH 45601	(740) 773-1141				
10	Cincinnati	Cincinnati, OH 45220	(513) 861-3100				
10	Cleveland-Wade Park	Cleveland, OH 44106	(440) 526-3030				
10	Cleveland-Brecksv.	Cleveland, OH 44141	(440) 526-3030				
10	Dayton	Dayton, OH 45428	(937) 268-6511	5	74th MED GRP-WRIGHT-PATTERSON [Air Force]	FAIRBORN, OH 45433	10
Oklahoma							
16	Muskogee	Muskogee, OK 74401	(918) 683-3261				
16	Oklahoma City	Oklahoma City, OK 73104	(405) 270-0501	6	REYNOLDS ACH-FT. SILL [Army]	FT. SILL, OK 73503	77
Oregon							
20	Portland	Portland, OR 97201	(503) 220-8262				
20	Roseburg HCS	Roseburg, OR 97470	(541) 440-1288				
Pennsylvania							
4	James E. Van Zandt VA(Altoona)	Altoona, PA 16602	(814) 940-7825				
4	Butler	Butler, PA 16001	(724) 285-2542				
4	Coatesville	Coatesville, PA 19320	(610) 380-0218				
4	Erie	Erie, PA 16504	(814) 860-2575				
4	Lebanon	Lebanon, PA 17042	(717) 228-5901				
4	Philadelphia	Philadelphia, PA 19104	(215) 823-5857				
4	Pittsburgh HCS-Univ Dr	Pittsburgh, PA 15240	(412) 688-6000				
4	Pittsburgh HCS-Aspinwall	Pittsburgh, PA 15215	(412) 784-3900				
4	Pittsburgh HCS-Highland Dr	Pittsburgh, PA 15206	(412) 365-4720				
4	Wilkes Barre	Wilkes-Barre, PA 18711	(570) 821-7204				

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Puerto Rico							
8	San Juan	San Juan, PR 00921	(787) 641-3667				
Rhode Island							
1	Providence	Providence, RI 02908	(401) 457-3042				
South Carolina							
7	Columbia SC	Columbia, SC 29209	(803) 695-7980	3	MONCRIEF ACH-FT. JACKSON [Army]	FT. JACKSON, SC 29207	3
				3	20th MED GRP-SHAW [Air Force]	SUMTER, SC 29152	27
7	Charleston	Charleston, SC 29401	(843) 937-6101	3	NH BEAUFORT [Navy]	BEAUFORT, SC 29902	50
South Dakota							
13	Sioux Falls	Sioux Falls, SD 57117	(605) 336-3230				
13	Fort Meade	Fort Meade, SD 57741	(605) 347-2511				
13	Hot Springs	Hot Springs, SD 57747	(605) 745-2000				
Tennessee							
9	Memphis	Memphis, TN 38104	(901) 577-7200				
9	Mountain Home	Mountain Home, TN 37684	(423) 461-7990				
9	Middle Tennessee HCS-Alvin C. York Division	Murfreesboro, TN 37129	(615) 867-6100				
9	Middle Tennessee HCS	Nashville, TN 37212	(615) 327-5332	5	BLANCHFIELD ACH-FT. CAMPBELL [Army]	FT. CAMPBELL, KY 42223	48
Texas							
16	Houston	Houston, TX 77030	(713) 794-7100				
17	Dallas VAMC	Dallas, TX 75216	(214) 742-8387				
17	Bonham VAMC	Bonham, TX 75418	(903) 583-2111				
17	Kerrville VAMC	Kerrville, TX 78028	(830) 792-2471				
17	Waco VAMC	Waco, TX 76711	(254) 752-6581				
18	Amarillo HCS	Amarillo, TX 79106	(806) 354-7801				
18	West Texas HCS	Big Spring, TX 79720	(915) 263-7361				
17	San Antonio VAMC	San Antonio, TX 78284	(703) 550-8145	6	BROOKE AMC-FT. SAM HOUSTON [Army]	FT. SAM HOUSTON, TX 7823	9
17	Temple VAMC	Temple, TX 76504	(254) 778-4811	6	DARNALL ACH-FT. HOOD [Army]	FT. HOOD, TX 76544	25
18	New Mexico HCS	Albuquerque, NM 87108	(505) 256-2889	7	WILLIAM BEAUMONT AMC-FT. BLISS [Army]	FT. BLISS, TX 79920	225
16	Oklahoma City	Oklahoma City, OK 73104	(405) 270-0501	6	82nd MED GRP-SHEPPARD [Air Force]	WICHITA FALLS, TX 76311	119
17	San Antonio VAMC	San Antonio, TX 78284	(703) 550-8145	6	59th MED WING-LACKLAND [Air Force]	SAN ANTONIO, TX 78236	9

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Utah							
19	Salt Lake City HCS	Salt Lake City, UT 84148	(801) 584-1211				
Vermont							
1	White River Jct	White River Junction, VT 0500	(802) 295-9363				
Virginia							
6	Richmond	Richmond, VA 23249	(804) 675-5000				
6	Salem	Salem, VA 24153	(540) 982-2463				
5	Washington	Washington, DC 20422	(202) 745-8000	1	DEWITT ACH-FT. BELVOIR [Army]	FT. BELVOIR, VA 22060	17
6	Hampton	Hampton, VA 23667	(757) 722-9961	2	MCDONALD ACH-FT. EUSTIS [Army]	FT. EUSTIS, VA 23604	17
				2	1st MED GRP-LANGLEY [Air Force]	HAMPTON, VA 23665	7
				2	NMC PORTSMOUTH [Navy]	PORTSMOUTH, VA 23708	12
Washington							
20	Spokane	Spokane, WA 99205	(509) 327-0200				
20	Walla Walla	Walla Walla, WA 99362	(509) 527-3450				
20	American Lake	Tacoma, WA 98493	(253) 582-8440	11	MADIGAN AMC-FT. LEWIS [Army]	FT. LEWIS, WA 98433	3
20	Seattle	Seattle, WA 98108	(206) 764-2299	11	NH OAK HARBOR [Navy]	OAK HARBOR, WA 98278	56
				11	NH BREMERTON [Navy]	BREMERTON, WA 98312	18
West Virginia							
4	Clarksburg	Clarksburg, WV 26301	(304) 623-7602				
5	Martinsburg	Martinsburg, WV 25401	(304) 263-0811				
6	Beckley	Beckley, WV 25801	(304) 255-2121				
9	Huntington	Huntington, WV 25704	(304) 429-0241				
Wisconsin							
12	Madison WI	Madison, WI 53705	(608) 256-1901				
12	Tomah	Tomah, WI 54660	(608) 372-3971				
12	Milwaukee WI	Milwaukee, WI 53295	(414) 384-2000				
Wyoming							
19	Cheyenne	Cheyenne, WY 82001	(307) 778-7300				
19	Sheridan	Sheridan, WY 82801	(307) 672-1675				

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GLOSSARY

The following terms and acronymns pertain to the MHS Facilities Life Cycle Management Strategic Plan.

Anti-Terrorism/Force Protection (AT/FP)

An interim DoD standard that implements the requirement to provide guidance for the minimum construction requirement that should be incorporated into all inhabited new construction and major renovations funded under MILCON.

Commissioning

A continuous process of quality control applied by the vested participants to each major, applicable phase of a new initiative that upon its completion meets or exceed the originator's intent and the end user's operational needs.

Design/build

An acquisition strategy in which a single contractor is responsible for both the design and construction of a facility. Design/build projects often can be completed more rapidly than a traditional design/bid/build acquisition, which employs separate contracts to first design a facility and then a second contract to construct it.

DMLSS-FM

The Defense Medical Logistics Standard Support Automated Information System – Facility Management module, provides computer-aided facility management tool for standardizing facility management programs throughout the MHS. It provides comprehensive automated management capabilities ranging from scheduled maintenance and project tracking to regulatory compliance and space management. DMLSS-FM has been deployed at selected MHS sites. Release 3 is currently under development.

Facility Life Cycle Management (FLCM)

Addresses the acquisition, sustainment, restoration, modernization and replacement of facilities throughout their full useful life. It involves planning and coordination of funding (MILCON and SRM) to ensure each DoD facility is capable of meeting its mission in cost effective and efficient manner.

Facility Sustainment Model (FSM)

The FSM is an automated management tool developed by a DoD working group that generates an annual funding requirement that will sustain a facilities inventory throughout a normal life cycle. FSM is grounded in standard facility-specific cost factors, is tied to the specific facilities inventory that must be sustained, and is applicable throughout the DoD.

Host Nation

Host nation funded projects are located outside the continental United States for which construction costs are funded by the government of the host nation. Japan, Korea, and NATO traditionally have been the greatest source of host nation funded projects.

Lease Buyout

An acquisition strategy which entails a fixed contract to purchase a facility preceded by a lease agreement.

Medical and Dental Treatment Facility (MTF)

A facility established for the purpose of furnishing medical and/or dental care to MHS eligible individuals.

Nuclear, Biological, Chemical/Decontamination (NBC/D)

Provide collective protection for mission critical staff and functions and a stream of patients. Protection of mission critical functions requires survivability of a defined area of the MTF against some specified level of exposure to nuclear, biological and chemical agents.

Plant Replacement Value (PRV)

PRV is the cost in current year dollars to design a construct a notional facility to replace an existing facility in the same location. The notional replacement facility will perform the same functions as the existing facility, within the same capacity as calculated in the assigned Facility Analysis Code primary unit of measure.

Recapitalization Rate

Represents the rate at which DoD modernizes, restores, or replaces facilities. Current DoD goal is to attain a maximum recapitalization rate of 67 years.

Site Adapt

A strategy used to reduce the time and funds required to produce a design for a new facility. With a site adapt, existing plans are modified for use at a different location.

REFERENCES

The following documents were reviewed and considered during the development of the MHS Facilities Life Cycle Management Strategic Plan.

- *MHS Strategic Plan (1997)*
- *Defense Facilities Strategic Plan – FY99*
- *Defense Installations 2001: The Framework for Readiness in 21st Century*
- *Vision and Priorities 2002* (Slide presentation of William Winkenwerder Jr., MD, MBA, Assistant Secretary of Defense (Health Affairs)).
- *Strategic View of Medical Facilities Capital Assets* (Prepared by Mr. Surinder Sharma, Director, Defense Medical Facilities Office, September 2001).
- *DoD Medical MILCON Program Strategic Plan* (Draft prepared by staffs of Defense Medical Facilities Office and Medical Military Construction Office, October 2001)
- *Strategic Plan for the DoD's Medical Capital Assets* (Draft prepared by Mr. Surinder Sharma, Director, Defense Medical Facilities Office, November 2001)
- Letter from the Honorable David L. Hobson, Chairman, Subcommittee on Military Construction, House Committee on Appropriations, to Major General Randolph, Deputy Executive Director, Tricare Management Activity, dated 2 October 2001.
- *Military Infrastructure: Real Property Management Needs Improvement*, United States General Accounting Office, GAO/NSIAD-99-100, September 1999.